, אַקוּמָב טָאַעו בּט פו אָ	NES PAIENI AND INADE	WARR OFFICE)
In re Patent Application of	Atty Dkt. 249-327		IPW
lu Ann	C# M#		•:
MURAKAMI et al. NOV 30 TOO'S ET TC/A.	U. 1771		
Serial No. 10/785,187	Examiner: Vo		
Filed: February 25, 2004	Date: November 30, 20	05	
Title: SHAPE MEMORY FOAM MATERIAL			
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
Sir:	ONSE/AMENDMENT/LETTE	•	•
This is a response/amendment/letter in the above incorporated by reference and the signature below signature thereon.	-identified application and inc	cludes an attachment which is h	ereby of any other
☐ Correspondence Address Indication	on Form Attached.		
Fees are attached as calculated below: Total effective claims after amendment previously paid for 20 (at least 20) =	minus highest number 0 x \$50.00	\$0.00 (1202)/\$0.00 (2202)	\$
Independent claims after amendment 3 previously paid for 3 (at least 3) =	minus highest number 0 x \$200.00	\$0.00 (1201)/\$0.00 (2201)	\$
If proper multiple dependent claims now added to	or first time, (ignore improper); add	
Petition is hereby made to extend the current dup paper and attachment(s)	e date so as to cover the filin One Month Extension \$ Two Month Extensions \$4 Three Month Extensions \$10	360.00 (1051)/\$180.00 (2051)	
Terminal disclaimer enclosed, add		\$130.00 (1814)/ \$65.00 (2814)	
	Statement filed herewith		
Rule 56 Information Disclosure Statement Filing	Fee	\$180.00 (1806)	\$
Assignment Recording Fee	•	\$40.00 (8021)	\$
Other:			\$
Guio.		TOTAL FEE ENCLOSED	\$ 0.00
The Commissioner is hereby authorized to charge asserted to be filed, or which should have been fil firm) to our Account No. 14-1140. A <u>duplicate</u> co	led herewith (or with any pap	y overpayment, in the fee(s) file er hereafter filed in this applicat	d, or ion by this
901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100 ARC:eaw	NIXON & VANDERHYE By Atty: Arthur R. Craw Signature:		